

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
☒ This is an **amended*** Statement of Organization

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amended statements should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 06/99)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>9146</u>	
Indexed _____	
Audited _____	
Computer _____	

Osceola County Republican Central Committee
COMMITTEE NAME (Required by law)

IMPORTANT: Indicate type of committee you are reporting for: 7

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER
(Required by law)

(This address used for all reminders and correspondence)

COMMITTEE CHAIR

(List additional officers on separate page)

Name LARRY L. VERDOORN
Mailing Address 5333 230TH ST.
City, State Zip Code ASHTON IA 51232
Phone (712) 724-6440
e-Mail lverdoorn2@frontiernet.net

Name Mary Beltman
Mailing Address beltmant@evertek.net
City, State Zip Code Ex 81 - 10th St S, bldg 51249
Phone (712) 758-3788
e-Mail _____

INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
Comment or description:

All Candidates Enter:

Office Sought: _____ District: _____

Political Party (if applicable) _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____ Date of Election: _____

Bank Account Name ↓ ↓

Name of Financial Institution/Type of Account ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Phone () _____
e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(Statement of intent required by law for all committees, except state parties and central committees.)

- (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
(3) DONATED TO CHARITABLE ORGANIZATION (specify) _____
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
(5) PARTISAN CONGRESSIONAL DISTRICT FUND

- (6) PRORATED REFUND TO CONTRIBUTORS
(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)
(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC _____

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Larry L. Verdoorn
Signature of Treasurer

Mary Beltman
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

2/10/10
Date Signed

2/10/10
Date Signed